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NOV 29 2005

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Date: November 29, 2005

File In: OIPE

In the matter of : **COMPENSATION CONTRACT SUPPORT SYSTEM, METHOD FOR SUPPORTING COMPENSATION CONTRACT, AND PROGRAM THEREOF**

Applicant: Katsunobu HAYASHI

Application No.: 09/683,829

Filed: February 20, 2002

Docket No.: P13205

Issued: _____

Patent No.: _____

The Patent and Trademark Office (PTO) date stamp hereon is an acknowledgement that, on the date indicated, the PTO received the following:

- | | |
|---|--|
| <input type="checkbox"/> Amendment _____ | <input type="checkbox"/> Claim of Priority |
| <input type="checkbox"/> Executed Assignment and Cover Letter | <input type="checkbox"/> Certified Copy of |
| <input type="checkbox"/> SES Assertion | <input type="checkbox"/> Declaration <input type="checkbox"/> Supplemental |
| <input type="checkbox"/> Request for Extension of Time | <input type="checkbox"/> Executed <input type="checkbox"/> Unexecuted |
| <input type="checkbox"/> Fee Filing | <input checked="" type="checkbox"/> Transmittal Letter |
| <input type="checkbox"/> Recording | <input type="checkbox"/> Patent Application |
| <input type="checkbox"/> Issue | <input type="checkbox"/> Provisional <input type="checkbox"/> Reexam |
| <input type="checkbox"/> Extension | <input type="checkbox"/> Reissue <input type="checkbox"/> Design |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Continuation <input type="checkbox"/> CIP |
| <input type="checkbox"/> Fee Transmittal Form | ____ pages |
| <input type="checkbox"/> Maintenance Fee Payment | ____ claims ____ independent |
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| <input type="checkbox"/> Letter to Draftsman | ____ figures |
| <input type="checkbox"/> Design Application Transmittal Form | <input type="checkbox"/> IDS and form PTO-1449 |
| <input type="checkbox"/> Utility Application Transmittal Form | <input type="checkbox"/> References <input type="checkbox"/> as attached |
| <input type="checkbox"/> Provisional Application Cover Sheet | ____ as listed on reverse |
| <input type="checkbox"/> CPA Request Transmittal Form | <input type="checkbox"/> Certification under 1.97(e) |
| <input type="checkbox"/> RCE Transmittal Form including Submission | <input type="checkbox"/> Self-addressed post card |
| <input type="checkbox"/> Cover Letter | <input type="checkbox"/> Certificate of Mailing (C-O-M) |
| <input type="checkbox"/> Check No. _____ for _____ | <input checked="" type="checkbox"/> Power of Attorney and change of correspondence address |
| <input type="checkbox"/> Rule 53b and 53f Letter for Unexecuted Appl. | ____ |
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In re application of : Katsunobu HAYASHI Docket No.: P13205
Application No. : 09/683,829 Patent No.:
Filed : February 20, 2002 Issued:
For : COMPENSATION CONTRACT SUPPORT SYSTEM, METHOD FOR
SUPPORTING COMPENSATION CONTRACT, AND PROGRAM THEREOF

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address in the above-captioned application.

The fee has been calculated as shown below:

Claims After Amendment	No. of Claims Previously Paid	Present Extra	Small Entity		Large Entity	
			Rate	Fee	Rate	Fee
*Total Claims:			x 25=	\$	x 50=	\$
**Indep. Claims:			x 100=	\$	x 200=	\$
Multiple Dependent Claims Presented			+180=	\$	+360=	\$
Extension Fees for Month				\$		\$
				\$	500	\$
			Total:	\$	Total:	\$

* If less than 20, write 20

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Please charge my Deposit Account No. 50-2929 in the amount of \$.

A Check in the amount of \$ ___ to cover the necessary fee is included.

The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2929:

- Any additional filing fees required under 37 C.F.R. 1.16.
- Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136)(a)(3).

November 29, 2005

Date

Abraham Hershkovitz
Reg. No. 45,294

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/683,829
Filing Date	02-20-2002
First Named Inventor	Katsunobu HAYASHI
Art Unit	3624
Examiner's Name	Ella Colbert
Attorney Docket No.	P13205

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 000040401

Please change the correspondence address for the above-identified application to:

CORRESPONDENCE ADDRESS

Customer Number: 000040401 OR Correspondence address below

Name	
Address	

City	State	Zip Code		
Country	Telephone	703-323-9330	Fax	703-323-6617

I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed.

Signature of Applicant or Assignee of Record

Name	Katsunobu HAYASHI		
Signature			
Date	Nov 19 / 2005	Telephone	+1-301-3297-6703